

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-475)

SERIAL NO. 10/556751  
FILING DATE  
APPLICANT/

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2							52						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL NO.	1	2	1	2				1	2	1	2		
TOTAL NO.	1	2	1	2				1	2	1	2		
TOTAL CLAIMS	1	2	1	2				1	2	1	2		

THE BEST AVAILABLE COPY